



APPLICATION FOR DEFERMENT / SUSPENSION

Student Details			
Student Name			
Student ID		Date of Birth	
Email		Contact Number	
Course Code and Title			
Please tick the reason for deferment/suspension			
<input type="checkbox"/> Medical Grounds <input type="checkbox"/> Compelling/compassionate Reasons <input type="checkbox"/> Future intake/Date			
Please explain the reason in detail			

International students must state the reason, and provide documentation for deferring their studies as Veritas Institute Australia needs to notify this information to the Department of Home Affairs (DHA) via PRISMS.			
Documents attached			
<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Travel Documents <input type="checkbox"/> Mails <input type="checkbox"/> Supporting certificates			
Please tick what is being requested			
<input type="checkbox"/> Deferment from ____/____/____		<input type="checkbox"/> Deferment till ____/____/____	
<input type="checkbox"/> Suspension from ____/____/____		<input type="checkbox"/> Suspension from ____/____/____	
Last date of studies	____/____/____		
<input type="checkbox"/> I understand that the institute will grant a deferral of my commencement or temporary suspension of my studies only if there are compelling and compassionate circumstances and the evidence has been attached.			
<input type="checkbox"/> I have been advised to contact the Department Home Affairs as it may affect my visa status.			
<input type="checkbox"/> I have been reminded that should a deferment not be granted; I must still attend classes at Veritas Institute Australia for 20 hours per week. Failure to do so may be seen as abandoning my studies and I may be reported to DHA.			
<input type="checkbox"/> I have been advised of all the relevant consequences of the outcome of my request.			
<input type="checkbox"/> I have been advised of all the relevant information in relation to the request made on this form.			
<input type="checkbox"/> I am aware of my appeal rights.			
<input type="checkbox"/> I have been advised that the time for processing of the application is 10 working days.			
<input type="checkbox"/> I am aware that I will be responsible for my studies. If there are no other batches currently running and institute is unable to adjust the catch-up classes, it may be necessary for the me to have my eCOE extended/re-enrolled for the specific units.			
Student Signature			Date



For Office Use Only

Request Received By	Signature		Date	
Finance Approval	Signature		Date	
Decision of Request (please tick)	<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted			
Decision granted/not granted by	Signature		Date	

Course adjustment required (Please write below)

RTO Manager / Academic Coordinator / RTO Admin Staff to write revised training plan for student.
 Example: Unit Code-Unit Title-Trainer-Start Date-End Date-Days of Class